This portion MUST be returned with your payment to ensure proper credit. THANK YOU

| ACCOUNT BILLED | PROJECT NAME | | PROJECT ID |
|--|--|-------------------|---------------------------|
| RED DOME INC. | RED DOME | | M270032 |
| DUE DATE ANNUAL FEE AMOUNT DUE | FEE NOT ENCLOSED | Change of Address | |
| TAX ID OR SOCIAL SECURITY # | Permittee requests an inspection to close out this permit. | Contact | CEIVED |
| | | Address | |
| | | J(| JL 2 6 2000 |
| DIVISION OF OIL GAS AND MINING 1594 WEST NORTH TEMPLE SUITE 1210 PO BOX 145801 SALT LAKE CITY UT 84114-5801 | | D | VISION OF |
| | | OIL G | AS AND MINING |
| | | State | Zip |
| | | Phone | |
| | | Plea | se make check payable to: |

Division of Oil, Gas and Mining